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> Request For Continued Examination (RCE) Transmittal (PTO/SB/30) (1 sheet) Preliminary Amendment: (9 sheets) Fee Transmittal Form (PTO/SB/17) (1 sheet) Credit Card Payment Form (PTO-2038) (1 sheet)

Application Number

10/737,289

Confirmation No.:

6512

Filing Date:

16 December 2003

Document Submission Date: 11 March 2008

11 Mar 2008 Date

Kelly B. Smoker

Name of Certifier

Art Unit: 2614

Examiner: Ramnandan P. Singh Inventor: Forte-Merobbie, James

Docket: 2002-0377 (1014-046)

Kelly B. Smoker

Signature of Certifier

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PTO/SB/17 (12-04)

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|---|----------------------------------|-----------------------------|--|--|------------------------------|------------------------|---------------|-------------------------------|--|
| Effective on 12/08/2004. Fees oursuant to the Consolidated Appropriations Act. 2005 (HLR. 4818). | | | Application M | Application Number 10/737,289 | | | | | |
| FEE TRANSMITTAL | | Filing Date | 1111001 | 16 December 2003 | | | | | |
| | | First Named I | avanter. | Forte-Mcrobble, James | | | | | |
| FOI F1 2005 | | | Examiner Nam | | Ramnandan P. Singh | | | | |
| Applicant claims small entity status. See 37 GFR 1.27 | | | | Art Unit 2614 | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 810.00 | | | - 111 | Attorney Docket No. 2002-0377 (1014-046) | | | | | |
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| Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes | | | | | | | | | |
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| FEE CALCULATION | | | | | | | | | |
| 1. BASIC FILING, SEAI | FILING F | EES SEA | ARCH FEES | EXA | MINATION F | EES | | | |
| Application Type | Fee (\$) | nall Entity Fee (8) Ege | Small Entity (\$) Fee (8) | Egg | \$mall Ent (\$) Fee (\$) | | Fees Pai | d (\$) | |
| Utility | 300 | 150 500 | | 20 | _ | • | | | |
| Design | 200 | 100 100 | | 130 | | _ | • | | |
| Plant | 200- | 100 300 | | 16 | 3 80 | | | | |
| Reissuc | 300 | 150 500 | 250 | 60 | 300 | | | | |
| Provisional | 200. | 100 0 | | | 0 0 | _ | | | |
| 2. EXCESS CLAIM FEE Fee Description Each claim over 20 or, for | _ | each claim over 20 a | , | the only | | | Fee (\$) | mall Entity Fee (\$) 25 | |
| Each independent claim | | | | | | nal patent | | 100 | |
| Multiple dependent clain | - | | | | | | 360 | 180 | |
| Total Claims - 20 or HP = | Extra Claims 0 | Fee (8) Fe | e Paid (8) | | <u>ole Dependen</u> e (8) | l.Claims Fee Pald (| e) | | |
| HP = highest number of total | cialma peld for, | If greater than 20 | | <u> </u> | <u>a (6)</u> | 0 | an an | | |
| indep. Claims - 3 or HP = HP = highest number of Indep | Extra Claims O endent claims p | x 210 = | e Paid (5) | _ | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | |
| If the specification and | | | | | | | 5 for sm | all entity) | |
| for each additional Total Sheets | 50 shoots of Extra Shee | fraction thereof. So | c 35 U.S.C. 41(a ach additional 50 | | | 1.16(s). Fee (\$) | Enn | Paid (\$) | |
| -100 = | CALIB SHEE | /50 = <u>(Marriser Of E</u> | (round up to e | | | 260 | _= <u>FEE</u> | 0 | |
| 4. OTHER FEE(S) | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | |
| Other: Request for Continued Examination (RCE): 810 | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | |
| Signature Registration No. 40 M4 Telephone 454 077 0088 | | | | | | | | | |
| Name (Print/Type) Michael | | | (Atternay/Agent) | -, | | te 10 Ma | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or ratain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smount of time you require to complete this form enritfor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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